

Kentucky Crime Victims Compensation Board

130 Brighton Park Boulevard, Frankfort, Kentucky 40601

SAFE EVIDENTIARY REPORT

Fax completed forms and itemized bills to (502) 573-4817 For information call: (502) 573-2290.

General Information

Patient Name: _____ Date of Birth: ____/____/____

Facility: _____

Lab Orders

☐ CBC w/o Diff, Hepatic Function Panel, Creatinine (Serum) (if giving HIV nPEP)

☐ Urine Pregnancy Test ☐ Lab HcG ☐ HIV 1-2 ☐ Toxicology Testing ☐ RPR

Medication

<input type="checkbox"/> Rocephin	<input type="checkbox"/> Metronidazole	<input type="checkbox"/> Azithromycin
<input type="checkbox"/> Lidocaine	<input type="checkbox"/> Plan B (levonorgestrel)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Promethazine	<input type="checkbox"/> Ondansetron	<input type="checkbox"/> NPEP Starter Kit

Samples Collected

Reference Samples: ☐ Blood ☐ Buccal ☐ Hair

Source Samples: ☐ Oral ☐ Vaginal ☐ Cervical ☐ Anal Swabs ☐ External Genital Swabs

Exam/Assessment

<input type="checkbox"/> Genital Examination	<input type="checkbox"/> Inspect/Palpate	<input type="checkbox"/> Toluidine Blue Dye
<input type="checkbox"/> Alternate Light Source	<input type="checkbox"/> Photo Documentation	<input type="checkbox"/> Head to Toe Assessment
<input type="checkbox"/> Speculum	<input type="checkbox"/> Colposcope	

Forensic Examiner Information

Print Name and Title of Examiner

Date

Physician, SANE, physician's assistant or advanced practice registered nurse whose training License Number and/or scope of practice includes performance of genital examinations. (Examiner Fee \$200.00)